Approved, SCAO JIS CODE: RCP

Approved, SCAO			
STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	RELEASE OF CHILD BY PARENT	FILE NO.	
In the matter of Full name of child			
1. l,	☐ mothe , am the ☐ father	CDate of birth)
Name of the child named above, who was t	born at Date Place		·
	her authorized person, has fully explained to me m arental rights. I understand my parental rights and Ital rights to my child.		
I understand my right to request a rerights.	ehearing or to appeal within 21 days after an order is	s entered terminating ı	my parental
I have not received or been promise approved by the court.	ed any money or anything of value for the release of	my child except for ch	arges and fees
5. Of my own free will, I give up comple	etely and permanently my parental rights to my chi	ld, and I release my ch	nild to
Child placing agency or Michigan Departme	ent of Human Services	for the purp	ose of adoption.
	an Indian child. The explanation given to me was in e if I do not speak English. This release was given i		
Date	Parent signature		
Address	City	State	Zip
\square The parent signing this release is ar			
of the minor parent, and I join with the	ne minor parent in signing this release.	(4-)	,
Date	Parent signature		

Do not write below this line - For court use only

and special acknowledgment for releases by those in the armed services or in prison

CERTIFICATION BY JUDGE/REFEREE

parent her/his legal rights and that by signing this release, s/he was voluntar child. The parent then voluntarily signed this release before me.	
☐ The parent, guardian, or guardian ad litem of the unemancipated minor pasigned this release before me.	arent was present during this hearing and voluntarily
$\hfill\Box$ The child named above is over 5 years of age, and the court finds that the	e child is best served by this release.
Date Judge/Refer	ree Bar no.
In addition to completing the other side of this release, if the parent signing to following special acknowledgment must be completed by a person authorize SPECIAL ACKNOWLEDGE	zed by law to administer oaths.
I certify and acknowledge that	is personally known to me,
is presently	located at
Address City	and stated State Zip
	ned her/his legal rights as a parent, that s/he did not
have to sign this release of her/his parental rights, and that if s/he did sign the	his release, s/he would be voluntarily giving up
permanently her/his parental rights to the child for purposes of adoption. I a	also explained her/his right to a rehearing or to appeal
within 21 days after an order is entered terminating her/his parental rights.	The parent then voluntarily signed this release
main 21 days and an order to entered terminating normic parental rights.	The parent their voluntarily digited the release.
Subscribed and sworn to before me on	
Date	County and state
My commission expires: Signature:	
Notary public, State of Michigan, County of	
Notary Public: Name (type or print)	_
Address	_
City, state, zip	_